

Baltimore City Health Department Ryan White Title I Office



CONSUMER SATISFACTION SURVEY (2003)

Prepared By:

Ralph Brisueno,
Assistant Program Director

Shazia Kazi
Public Health Analyst

TABLE OF CONTENTS

Introduction.....	5
--------------------------	----------

Objectives.....	6
------------------------	----------

Methodology.....	6
-------------------------	----------

- *Sample Size and Time Frame.....***6**
- *Survey Design.....***6**
- *Survey Administration.....***7**

Results.....	7
---------------------	----------

Note: The results presented are based on valid surveys and the overall percentages calculated include any missing/not reported responses.

- *Demographics.....***11**
- *Satisfaction of Services.....***18**
- *Awareness of Available Services.....***21**
- *Unmet Service Needs.....***23**

Discussion.....	24
------------------------	-----------

References.....	26
------------------------	-----------

Appendices.....	27
------------------------	-----------

- *Consumer Comments*

Attachments.....	45
-------------------------	-----------

- *Ryan White Title I Office, FY 2003 Consumer Survey*

TABLES

Table I.	
<i>Consumer Survey vs. Unduplicated Clients (2002); Level of Participation.</i>	9
Table II.	
<i>Level of Participation: Consumer Survey vs. Unduplicated Clients (2002)</i>	
<i>by Primary Mode of Service</i>	10
Table III.	
<i>Respondents by Age & Gender</i>	14
Table IV.	
<i>Age Distribution across Consumer Survey & Unduplicated Client</i>	
<i>Level Data (2002)</i>	15
Table V.	
<i>Respondents by County</i>	16
Table VI.	
<i>Comparison of Zip Codes for Consumer Survey vs. Unduplicated Client</i>	
<i>Level Data (2002) & HIV/AIDS Prevalence for Baltimore City</i>	17
Table VII.	
<i>Respondents by CD4 count, Consumer Survey vs. Unduplicated Data (2002)</i>	22
Table VIII.	
<i>Respondents by CD4 Count vs. Race.</i>	22
Table IX.	
<i>Respondents by Viral Load</i>	22
Table X.	
<i>Unmet Service Needs</i>	23

FIGURES

Figure 1.	<i>Respondents by Gender</i>	11
Figure 2.	<i>Respondents by Race</i>	12
Figure 3.	<i>CSS vs. Unduplicated Level Data</i>	13
Figure 4.	<i>Respondents by Age</i>	14
Figure 5.	<i>Level of Satisfaction</i>	18
Figure 6.	<i>Agency Association</i>	19

ACKNOWLEDGEMENT

The Baltimore City Health Department expresses its sincere thanks to the many consumers, Consumer Advisory Boards, Title I funded agencies, and the Greater Baltimore HIV Health Services Planning Council for their time and effort in making the Consumer Survey a successful project. Special thanks are extended to Kelley Stewart who serves as the Community Liaison staff specialist in the Quality Improvement Program. She was directly responsible for the implementation of this project and logged many hours in assisting consumers and participating organizations.

In recognition for their participation, the Consumer Advisory Boards (CAB) of five (5) Baltimore City programs was awarded a nominal stipend of \$500. Two additional CABs (2) representing programs funded in the counties were awarded \$250 each as well. It is our hope that every CAB will use these funds to improve the quality of life for consumers at their sponsoring programs.

The following Title I funded programs received stipends on behalf of their Consumer Advisory Boards at the Title I Management meeting held on August 3, 2003.

- Sisters Together and Reaching (STAR)
- Johns Hopkins University – Moore Clinic
- Health Education Resource Organization (HERO)
- University of Maryland – Evelyn Jordan Center
- Baltimore City Health Department – STD Clinics
- Harford County Health Department
- Howard County Health Department

INTRODUCTION

The Baltimore metropolitan area has the third highest annual AIDS case report rate (50/100,000) as of December 2001, according to Maryland Epidemiological Profile – June 30, 2003. The HIV/AIDS epidemic has been addressed by Ryan White Care Act Title I funded services since its enactment in 1990. The mission is to provide comprehensive quality care that is both accessible and effective for people living with HIV/AIDS. In order to assess how much the mission has accomplished, obtaining periodic consumer perspective is crucial. This input is essential, not only to evaluate the ongoing services, but also to further improve the quality of services.

This report disseminates the results of the first round of Consumer Satisfaction Surveys (CSS), conducted by Baltimore City Health Department (BCHD), at the agencies receiving Title I funding for FY 2003 in the Baltimore EMA region. This pioneer undertaking by BCHD provides a means of assessing the overall quality of services provided by Title I funded agencies. Data presented in this report will be a good resource to reflect the consumers' viewpoint about the provision of services and could be used as the baseline for gauging the efficacy of services in the future. In upcoming years, BCHD plans to collaborate with the State AIDS Administration to administer a joint survey across both Title I and II funded programs.

In order to augment the response rate, BCHD announced at the monthly Planning Council meeting in May that all Title I-funded programs would be requested to participate in the client satisfaction survey. Planning Council members and others in attendance were advised of the stipends that were to be awarded as an incentive and requested to help get the word out to the various Consumer Advisory Boards in the EMA. In recognition to their participation, the Consumer Advisory Boards (CAB) of five (5) Baltimore City programs were awarded a nominal stipend of \$500 Two CABs (2), representing programs funded in the six surrounding counties were awarded \$250 each as well with the hope that every CAB would use these funds to improve the quality of life for consumers at their sponsoring programs.

OBJECTIVES

The tool recorded information in view of the following objectives:

- To conduct a system-wide assessment of client experiences and level of satisfaction with the services provided from agencies funded under Title I.
- To measure the awareness about the services being offered.
- To identify any unmet service needs of PLWH/A in care.

METHODOLOGY

Sample Size & Time Frame

The survey was intended for all clients with HIV or AIDS, who received direct care services from **May 15, 2003 through July 31, 2003** at the qualifying agencies, regardless of any type of insurance or funding source. Client participation was entirely voluntary, with no limitation on the number of responses from any particular agency.

Survey Design

The Ryan White Title I Office developed the survey tool. It incorporates most of the questions proposed in a Planning Council Needs Assessment Work Group “Demographic Survey” that was in development. BCHD also had the AIDS Administration’s Title II Program review the final draft before releasing the survey.

Most of the questions were close-ended (Yes or No). Codes were assigned for each question and responses were collated according to these codes for analysis purposes. The opening question requested the last four digits of a consumer’s social security number (SSN), in order to get unduplicated client data. This method was used to reduce the likelihood of duplication of surveys returned. Provision was made for respondents to make additional comments at the end of the questionnaire. A copy of the survey tool is included as Attachment 1.

Survey Administration

All agencies received the same number of surveys, regardless of the number of consumers served. A total of 5,000 surveys were printed for distribution. Given the sample size and geographical spread of agencies, US mail was chosen as the mode of distribution for the surveys. All direct service organizations (41) initially received 100 copies each by May 15, 2003. Agencies were requested to pass the survey to their Consumer Advisory Boards and have them accessible to customers while receiving services. Organizations were advised to locally reproduce additional surveys as needed or contact BCHD for additional copies.

Agencies were asked to return the surveys either by hand or deliver them via US Mail. Returned surveys were secured in a double locked cabinet. Surveys were reviewed for completeness by BCHD staff and were entered into a Microsoft Access 2000 database, and further analyzed using SPSS software.

RESULTS

The responses presented below are from consumers receiving Ryan White Title I funded services in Baltimore Eligible Metropolitan Area (EMA). This includes Baltimore City and six surrounding counties: Anne Arundel, Baltimore County, Carroll County, Harford County, Howard County and Queen Anne's County.

In total, 4,100 surveys were distributed to 41 agencies. The participation of an agency was based on the return of at least one (1) valid survey. The validity of surveys was determined by response to at least one of the three demographic questions of age, race and gender. Out of these forty-one direct service organizations, six agencies did not participate. Some of the completed surveys had unanswered questions and others had multiple conflicting answers.

Five Consumer Advisory Boards of Baltimore City and two CABs representing programs from counties were awarded a stipend of \$500 and \$250 respectively, based on the most valid responses received from the agencies.

<u>CSS FACTS AT A GLANCE</u>	
<i>Total Distributed</i>	4,100
<i>Non- participants</i>	6
<i>Total Surveys</i>	3,500
<i>Total Returned</i>	1,994
<i>Total Valid</i>	1,846
<i>Return Rate</i>	52%

Of the thirty-five (35) agencies that participated in the survey, a total of 1,994 surveys were returned to BCHD, of which 1,846 were deemed valid. The estimated return rate after factoring out the six agencies not participating is 52.7%. Table I compares the number of valid surveys, against the number of unduplicated clients served in FY 2002 for the participating agencies. It is evident from the Table that the level of participation was not reliant upon the number of unduplicated clients enrolled at any agency. Table 1 only details the participation of 33 agencies. The remaining two agencies (***submitting 112 valid surveys***) were not funded-providers for FY 2002 and are not included in the table.

The percentage of participation could not be determined for three agencies due to the discrepancy between the number of clients reported in 2002 and number of surveys returned to BCHD. Furthermore, unduplicated data was not available for 4 of the agencies that did receive Title I funding in FY 2002. Their level of participation could not be calculated, and are marked by asterisks in Table 1.

Table I: Consumer Survey vs. Unduplicated Clients (2002), Level of Participation

<i>PROVIDER NAME</i>	<i>CSS (2003)</i>	<i>Undup (2002)</i>	<i>% CSS/Undup</i>
Anne Arundel County Health Dept	36	187	19.2%
Baltimore County	36	64	56.2%
Harford County	48	114	42.1
Howard County	38	214	17.8%
Queen Anne's County Health Dept	14	19	73.7%
HIV/AIDS Volunteer Enrichment Network	11	134	8.2%
AIDS Interfaith Residential Services, Inc.	26	140	18.6%
Chase Brexton Health Service	56	1287	4.4%
Johns Hopkins Bayview Medical Center *	3	---	---
Health Education Resource Organization	224	2688	8.3%
Johns Hopkins University –Moore Clinic *	393	---	---
Baltimore Pediatric HIV Program	29	59	49.2%
Bon Secours Liberty Medical Center	10	241	4.1%
Park West Medical Center	65	45	---
GBMC Community Health Center	24	51	47%
Project PLASE	19	209	9%
South Baltimore Family Health Center, Inc.	27	15	---
Sisters Together and Reaching, Inc.	139	516	26.9%
University of Maryland- Evelyn Jordan Center	88	965	9.1%
University of Maryland- PACE Clinic	40	52	76.9%
AIDS Action of Baltimore	18	12	---
Women Accepting Responsibility	12	126	9.5%
Family & Children's Services of Central Maryland	66	91	72.5%
Stella Maris Hospice	3	17	17.6%
Johns Hopkins University-GYN & OB *	31	---	---
Maryland Community Kitchen	34	352	9.7%
Johns Hopkins University – Pediatric AIDS Program	41	197	20.8%
Johns Hopkins University- Women's HIV Program *	15	---	---
Health Care for the Homeless	45	197	22.8%
Baltimore City Health Department- STD Clinics	91	522	17.4%
Baltimore City Health Department -Dental	30	272	11%
Manna House, Inc.	9	32	28.1%
Good Samaritan Hospital	13	24	54.1%

At this point, it is useful to analyze the level of participation via a different angle. Table II details the level of participation of agencies by their primary mode of service using the four categories Medically related, Supportive Services, County Agencies and Governmental Agencies regardless of jurisdiction. This table also projects the participation percentage for unduplicated Ryan White Title I clients (FY 2002) by the same mode of service. In view of this comparison, BCHD can reasonably state that the

survey represented approximately 20% of the total population served under Title I funds EMA-wide.

Table II: Level of Participation: Consumer Survey vs. Unduplicated Clients (2002)
by Primary Mode of Service

<i>Category</i>	<i>Valid Surveys</i>	<i>Unduplicated Clients</i>	<i>Percentage of Participation</i>
Medically-related Services	972	3868	25.13%
Supportive Services	691	4242	16.29%
County Agencies	183	732	25.00%
Total	1,846	8,842	20.88%

The CSS, though providing important information might not necessarily be representative of all clients receiving Title I services in Baltimore City and surrounding counties because of its nature of sampling. The self-administration survey technique has some inherent limitations but in spite of this, an adequate sample size was obtained. The external validity of this survey, when compared to the overall HIV epidemic in Baltimore, is satisfactory.

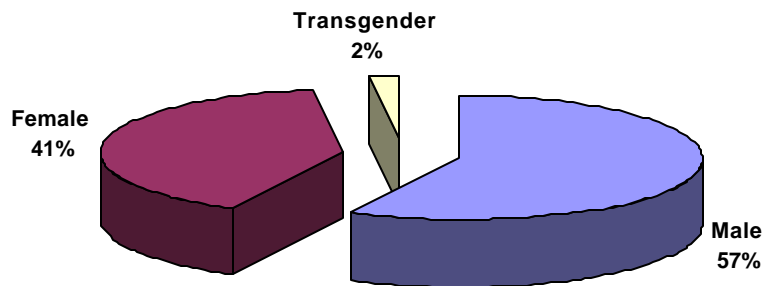
Demographics

Gender

Of the 1,846 respondents completing the questionnaire, 57 percent (1,060) population comprised of males, 41% (751) female and almost two percent (35) self-identified as being transgender (11 F/M and 24 M/F). This breakdown is comparable to the proportion of female and male clients served under Ryan White Title I for Fiscal Year 2002 and Baltimore City HIV/AIDS Epidemiological profile- June 30, 2003.

In comparison to the numbers reported for unduplicated transgender clients (7) served by Ryan White in 2002, the consumer survey has succeeded to capture a significant number of transgender clients. The mode of self-administration of the survey could be the reason for this additional information. On the other hand, service providers supplied the unduplicated data to the administrative agency, and the intake forms that are used to gather the information may not always list an option other than male or female for gender. Furthermore, depending on an agency's practice, if the clients fill out the intake forms, the stigma of transgender status may be a factor for non-disclosure. The consumer survey had the provision of anonymity so was able to capture more.

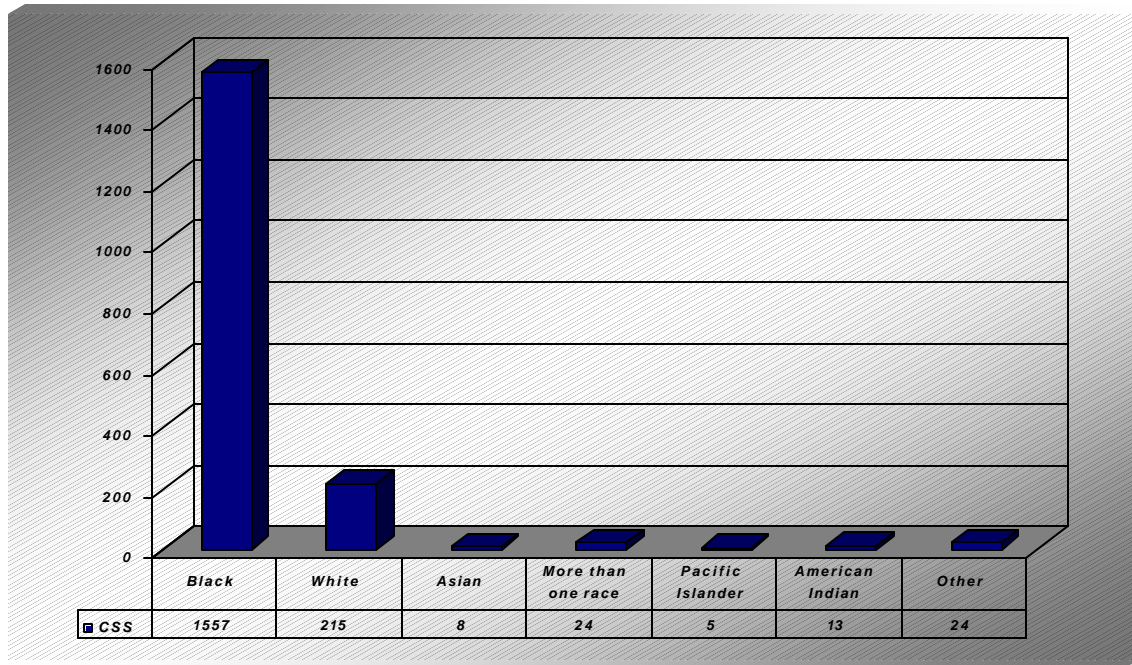
Figure 1: Respondents by Gender



Race

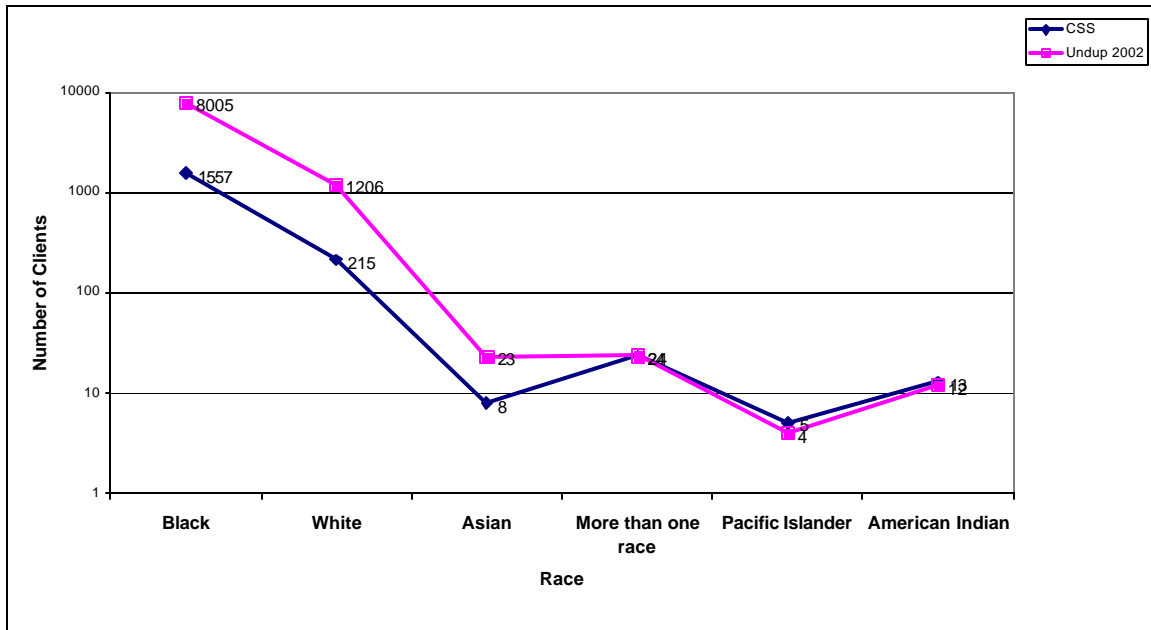
The survey results showed 84% representation by African-Americans and 11.6 % by the Caucasian population. The remaining categories included Asian, Native Hawaiian/Pacific Islander, clients having more than one race and American/Alaska Natives. These categories together represented only 5% (74) of the entire sample.

Figure 2: Respondents by Race



The line graph shows a high majority of respondents were African American, followed by Whites for both consumer survey and unduplicated client initiative 2002. The Consumer Survey, however, was able to capture the same number of American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander and clients having more than one race as of unduplicated client data 2002. This raises the concern that there might be some gaps in recording the multi-racial information for the clients by the service providers since there is a significant difference in population size of both the surveys.

Figure 3: CSS vs. Unduplicated Client Level Data (2002)



The ethnicity variable was not posed as a question in the Consumer Survey. In total, eight respondents specified their Hispanic origin by using the “other” option for race. On the other hand, the approach used by the Unduplicated Client Initiative employs a separate variable for Hispanic/Latino/a origin and 95 clients were recorded having Hispanic ethnicity.

Age

The highest represented age group in the survey was between the ages 25 through 44, at 53%. Second on the list were respondents in the age range of 45-64 years (37%), followed by those between 13-24 years (3.9%) Around 4 percent (55) of the total respondents were under the age 12 and 1 percent over the age 65.

Figure 4: Respondents by Age

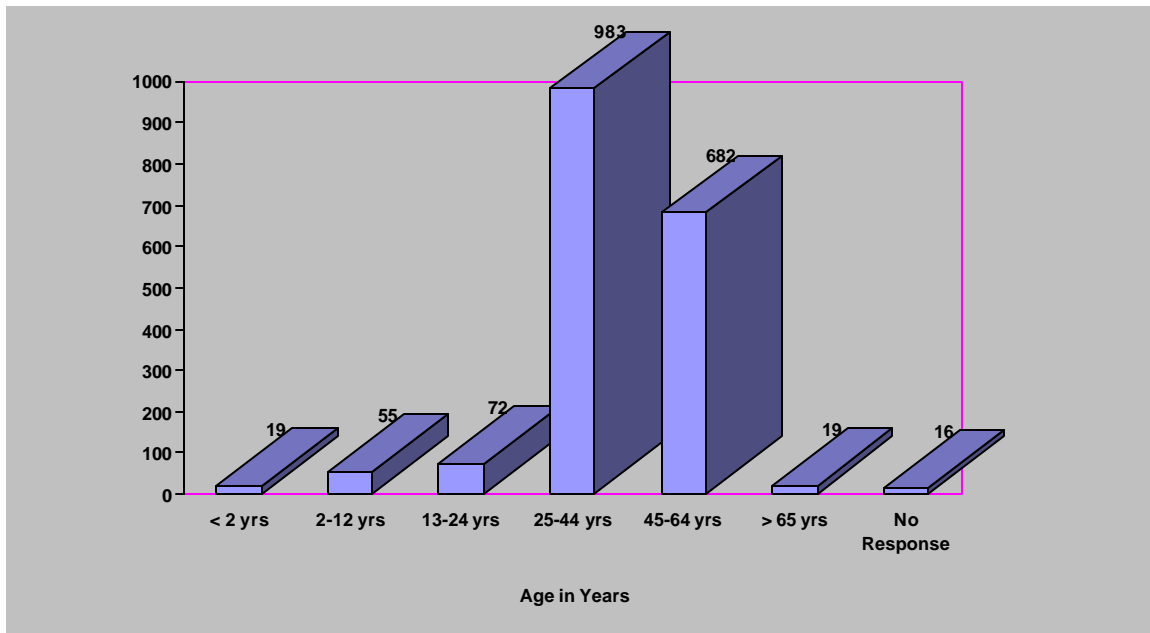


Table III: Respondents by Age & Gender

Age group	Total Clients	Male	Female	Trans
< 2yrs	19 (1%)	6	13	---
2-12	55 (3%)	30	25	---
13-24	72 (4%)	33	38	---
25-44	983 (53.2%)	538	424	21
45-64	682 (37%)	429	240	13
65 +	19 (1%)	11	8	---
No Response	16 (0.8%)	14	2	---
Total	1846 (100%)	1061	750	35

The cross-tabulation of age distribution across gender showed the same trend with largest population in the age range of 25-44.

The data elements used for age by Consumer Survey and Unduplicated Client Initiative 2002 are in conformity with elements used for the Care Act Data Report. The AIDS administration on the other hand uses a different set of age groups for the quarterly HIV/AIDS epidemiological profiles of Baltimore City; hence comparison would not be appropriate.

Table IV: Age Distribution across Consumer Satisfaction Survey & Unduplicated Client-level Data (2002)

<i>Age groups</i>	<i>Consumer Survey # (%)</i>	<i>Unduplicated initiative 2002 # (%)</i>
> 2 years	19 (1%)	108 (1.1%)
2-12 years	55 (3%)	195 (2.1%)
13-24 years	72 (3.6%)	422 (4.4%)
25-44 years	983 (53.2%)	5249 (55.3%)
45-64 years	682 (37%)	3227 (34%)
65 older	19 (1.1%)	62 (0.7%)
No response/missing/ Not documented	16 (0.9%)	224 (2.4%)
Total	1846 (100%)	9487 (100%)

Geographic Distribution

The inquiry for residential status in Baltimore City was framed in a consumer friendly way to capture the information. The option of section of the city was introduced so as to decrease the frequency of missing responses in case the consumer does not retain the zip code. The concentration of respondents residing on the East (17.8%) & West (16.9%) sides of the city was comparable. In comparison to Northwest (8.4%), more clients resided in Northeast (8.4%) part of the city and the same trend was seen for Southeast vs. Southwest. Overall, more survey respondents were located in South (83, 4.4%) of Baltimore as compared to North. (43, 2.3%)

As expected, the majority of clients documented zip codes for Baltimore City as their residence. Less than two percent reported zip codes out of the EMA region, and a total of 12 respondents recorded zip codes outside of Maryland: DC (4), DE (1), PA (2), CT (1), WV (2) and VA (2). The level of no response was (5.2%) or 96 clients who did not report any residential information.

Table V: Respondents by County¹

<i>County</i>	<i>Number</i>	<i>Percent</i>
A.A County	98	5.3%
Baltimore City	1322	71.6%
Baltimore County	128	6.9%
Carroll County	22	1.2%
Harford County	58	3.1%
Howard County	39	2.1%
Queen county	6	0.4%
Outside EMA	33	1.8%
Outside Maryland	12	<1%
Missing	122	6.6%
Total	1846	100%

The Baltimore City HIV/AIDS Epidemiological Profile –June 30, 2003 report lists prevalence of HIV/AIDS cases by zip codes for the Baltimore City area. The trend of case distribution across zip codes corresponds reasonably well to the sample size of consumer survey and unduplicated Client population for 2002. The five zip codes with

¹ Clients living in cross-county zip codes were apportioned into each appropriate county.

the most respondents in Baltimore City were 21217 (13.5%), 21215 (11.7%), 21218 (10.7%), 21202 (8.5%), 21201 (6.8%), and 21216 (6.8%) as seen in Table V.

Table VI: Comparison of Zip Codes for CSS vs. Unduplicated Client Level Data (2002) & HIV/AIDS Prevalence for Baltimore City (June 2003)

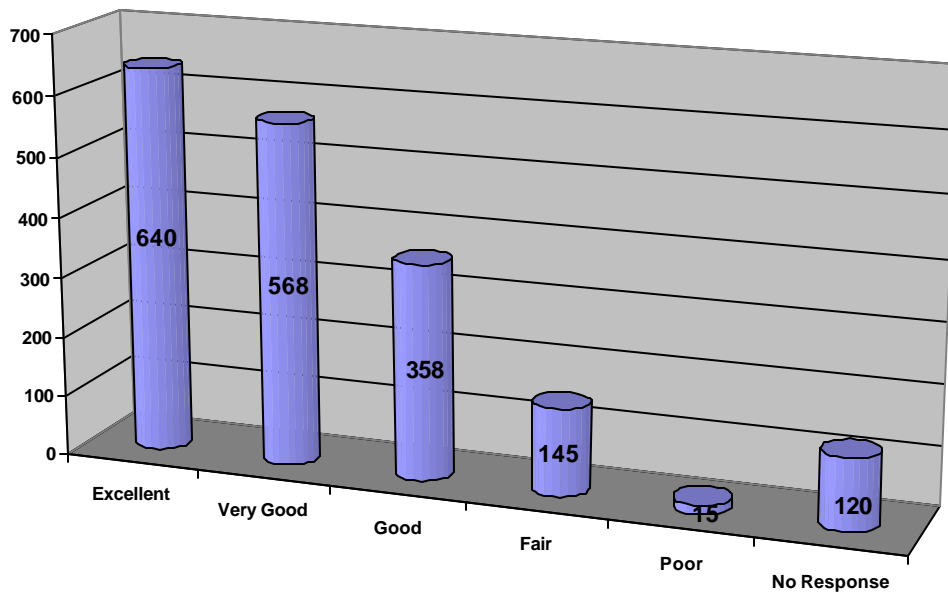
Zip Code	CSS Freq	CSS Percent	Unduplicated (2002) Freq	Unduplicated (2002) Percent	HIV/AIDS Prevalence	HIV/AIDS Percent
21201	90	6.8%	544	8.6%	791	6.5%
21202	113	8.5%	624	9.9%	1059	8.7%
21205	52	4.0%	187	3.0%	525	4.3%
21213	87	6.6%	365	5.8%	1016	8.3%
21215	155	11.7%	552	8.8%	1230	10.1%
21216	90	6.8%	458	7.3%	731	6.0%
21217	179	13.5%	809	12.8%	1522	12.5%
21218	142	10.7%	650	10.3%	1109	9.1%
21223	85	6.4%	422	6.7%	859	7.1%
21224	42	3.2%	218	3.5%	402	3.3%
21229	41	3.2%	277	4.3%	558	4.6%
Rest of city	244	18.6%	1201	19%	2379	19.5%

Note: Percentages for zip codes are calculated for Baltimore city and not EMA-wide.

Satisfaction with Services

Overall, the responses to the Consumer Satisfaction Survey showed a high level of satisfaction. The preponderance of clients who participated, rated the services as good to excellent with a total response percentage of eighty four percent (84%). The most frequent response rating for quality of services was excellent (34%) followed by very good (30%) and good (19%).

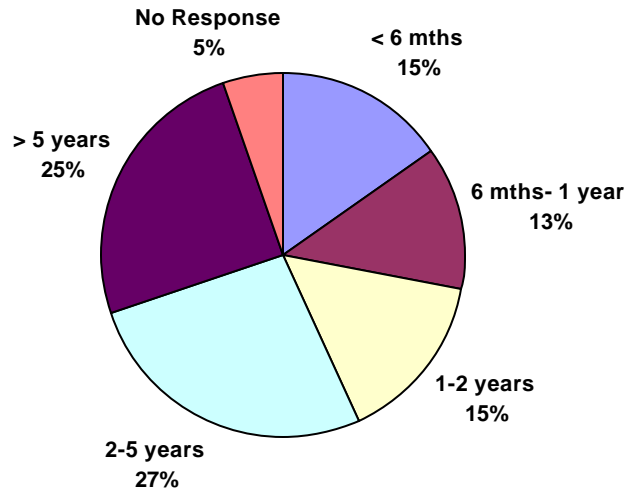
Figure 5: Level of Satisfaction



Ninety-two percent (92%) reported that the staff made them feel comfortable, and the same number N=1074 (92%) stated that they never overheard a staff person discussing other patients.

Longevity of association with the agency revealed a client rate of fifty-two percent (52%) being associated for 2 years or more with the reporting agency. Almost one quarter (N=461) of the consumers have been affiliated with an agency for five years or more.

Figure 6: Agency Association



Fifty-three percent (53%) felt their wait time for primary medical care visits was not more than 30 minutes. The average waiting time up to 1 hour was recorded by 499 (27%) and 184 clients (10%) reported wait time beyond an hour. A positive association was found between levels of satisfaction and wait time. Consumers waiting longer than one hour were less satisfied ($P = 0.005$) as compared to those who had to wait less than one hour.

The question addressing the services or referrals needed from the agency recorded 83% of respondents satisfied with the agency or in other words felt able to receive all the services and referrals through the agency.

A positive feedback rate of 71.4% was established in response to the question of having a case manager. An important observation noted was that one quarter ($N=95$) of respondents living in the three most populated zip codes (21215, 21217, 21218) of Baltimore City reported a negative response to this question. A statistically significant association was found between level of satisfaction and having a case manager. (odds ratio [OR] = 5.432; 95% confidence interval [CI] = 4.155,7.103). Consumers having case

managers were more satisfied with the quality of services at their agencies as compared to ones who did not have case managers.

The clients were found to be satisfied over the HIV/AIDS education practices prevalent at the respective agencies, and 1,569 (85%) were of the opinion that they were counseled about how to avoid spreading HIV to others and protection from re-infection. (Risk & harm reduction practices)

Awareness of Available Services

In order to assess the awareness of consumers about HIV/AIDS, the survey inquired about consumers' usage of available HIV and AIDS related resource guides. Just fewer than fifty percent (48.7%) reported being knowledgeable about AIDS resources material available at the agencies. Around 30% acknowledged that they were not aware of any of the HIV/AIDS resources listed.

In response to the question "Do you know how to file a grievance at your agency?" only fifty-eight percent (1,081) of the clients responded positively.

CD4 Count

CD4 count is a test that measures the number of CD4 cells (T cells) per cubic milliliter of blood. It is an important predictor of immune system that is ravaged by HIV/AIDS. The lower the CD4 count, the greater damage HIV has done to the immune system and therefore negatively impacts the individual's ability to combat diseases. Anyone who has less than 200 CD4 cells or a CD4 percentage less than 14% is considered to have AIDS according to the US Centers for Disease Control and Prevention (CDC).

Of the sample, 981 (53%) cited their CD4 counts. Twenty-seven percent had a CD4 count less than 200 cells/mm³, with 81 clients having a count less than 50cells/mm³, indicating advanced disease progression and highest risk for opportunistic infections. The comparison of CD4 distribution of consumer survey participants with unduplicated data 2002 can be seen in Table VII.

The range for CD4 count was found to be from 0 to 1770/mm³ with an average of 210mm³. A significant percentage of clients (31%) were not able to remember their last CD4 count. Two percent (2%) stated that their doctor didn't tell them and around same percentage did not know what this meant. Across race, the average CD4 count was highest in White (269mm³) and lowest in Black/African American population (197mm³). The average counts for other races fell in between these two values.

Table VII: Respondents by CD4 Count ⁽²⁾, Consumer Survey vs. Unduplicated Client Data⁽³⁾

<i>CD4 Distribution</i>	<i>CSS Freq</i>	<i>CSS Percent</i>	<i>Undup Freq</i>	<i>Undup Percent</i>
<50	81	8.4%	442	12.6%
50-199	185	18.6%	722	20.5%
200-499	431	44%	1383	39.3%
>500	284	29%	971	27.6%
Total	981	100%	3518	100%

Table VIII: CD4 Count vs. Race

<i>Race</i>	<i>Average CD4 Count</i>
Black/African American	197 /mm ³
White	269 /mm ³
Asian	217 /mm ³
American Indian	198 /mm ³
Pacific Islander	265 /mm ³

Viral Load

Viral Load counts are a good indicator for diagnosis, prognosis and management of therapy for HIV/AIDS. A fair proportion of clients (39%) reported their viral load counts and the values ranged from undetectable through 700,000 averaging 18,949copies/ml. A little more than 25% of the clients reported undetectable viral loads and around 8% listed viral loads on the other extreme i.e. above 100,001 copies/ml. A noteworthy percentage (42%) did not remember their last viral load. Two percent (2%) were not aware of what this term actually meant.

Table IX: Respondents by Viral Load ⁽⁴⁾

<i>Viral Load</i>	<i>Freq</i>	<i>Percent</i>
Undetectable	187	25.8%
<=50	64	8.8%
51-1000	146	20.2%
1001-10,000	125	17.3%
10,001-50,000	98	13.5%
51,001-100,000	48	6.6%
> 100,001	56	7.8%
Total	724	100%

² Table lists the percentages of people who cited their CD4 counts.

³ Table lists the percentages of people for whom CD4 count was provided.

⁴ Table lists the percentages of people who cited their viral loads.

Unmet Service Needs

A vital component of this survey was to assess and identify the unmet service needs of the clients already in care. The responses generated by the clients listed Housing Assistance (13%) as the foremost service need that was not received from the agencies. Case management (6.6%) and transportation services (6.5%) were next on the list. The seven most requested services are noted in the table below:

Table X: Unmet Service Needs

<i>Services</i>	<i>Freq of Unmet service needs</i>	<i>% of Unmet service needs</i>
Housing Assistance	244	13 %
Case Management	122	6.6%
Transportation	120	6.5%
Food	104	5.6%
Primary Medical Care	97	5.2
Oral Health	75	4%
Direct Emergency Financial Vouchers	68	3.7%

DISCUSSION

This EMA-wide Client Satisfaction survey conducted from May 15, 2003 through July 31, 2003 will serve as a benchmark for recording consumers' experiences concerning the overall quality of care provided by the Title I-funded vendors.

Associated Black Charities, as the new Administrative Agent for Title I, will be provided with the report to assist in their ongoing monitoring activities at the qualifying agencies. This would give ABC a consumer's perspective on effectiveness of services provided by Title I-funded agencies. They can then work closely with BCHD, the Planning Council and other HIV/AIDS agencies to enhance the quality of services already in place.

Additionally, this client satisfaction survey can be a beneficial resource for providers to help identify their areas of improvement. While satisfaction levels by and large remain high, it would be useful on the providers' part to self-assess the areas of improvement that are applicable to their agencies in view of the results of the survey. The comment section (Appendix 1) would also be helpful in this respect.

Ryan White providers can use the results as presented in this report by sharing them with their staff members to boost their morale for continuing the good work and at the same time identifying opportunities to further boost their performance. This would help them reflect their sites image as comfortable, caring places to seek services.

Key Findings

The response rates for a number of questions reflected consumers' overall satisfaction with local agencies and include, but not limited to acceptable waiting time, fulfillment of need of referrals, prolonged association with the agency and protection of patient privacy.

Less than half of the consumers have used one of the HIV/AIDS-related resource guides available throughout the service continuum. The finding suggests that additional efforts are needed on behalf of providers to make the consumers aware of the HIV/AIDS resources at the agency. This is the most effective way to link the infected clients to

variety of services that can help them lead productive lives. Likewise attempts are to be made for improving the knowledge of grievance procedures as only 59% respondents reported a positive response.

The distribution of zip codes of survey respondents revealed almost the same trend as the Baltimore EMA prevalence for HIV/AIDS through June 2003. This consumer survey, however, did not capture the information on underserved homeless population.

The question about viral load and CD4 count was framed to judge the awareness of client about his/her lab tests. The percentages for both of the variables as described earlier, do have some implications but the purpose of this survey was not to make any assessment of CD4 and Viral Loads values vs. effectiveness of treatment and staging of disease at initiation of primary care services.

The survey also demonstrated a snapshot to appraise the service needs of PLWH/A who know their HIV/AIDS status and who are already in care. This question was targeted to assess the consumers' opinion about the service needs not being met by their agencies. By and large, the results suggest that the consumers are virtually receiving much of what they need from their respective agencies with few exceptions. This statement is further supplemented by the satisfactory rating for quality of services by consumers.

All comments and suggestions submitted by consumers are delineated by the sponsoring agencies and listed in Appendix 1.

REFERENCES

- Department of Health and Mental Hygiene, AIDS Administration, Baltimore City HIV/AIDS Epidemiological Profile, Second Quarter 2003- Data reported through June 30, 2003.
- Baltimore City Health Department, Ryan White Program, FY 2001 Unduplicated Client Level Data- Final Report, July 2002.
- Associated Black Charities, Title I Administrative Agent, FY2002 Unduplicated Client Level Data.

Appendix I – Consumer Comments

Anne Arundel County Health Department	
Very good people at the centers providing services.	
More assistance with getting food received at home.	
Everyone is helpful, cares and is concerned.	
Easier access to services and medical care on the weekends.	
I am impressed with the level of services provided to me.	
Not a thing. Ever since I've been seen here, everything has been just fine. You couldn't find nicer people to give you the care you need.	
I think that Joe is a very good person. I thank Joe for all the things he did for me.	
Caseworkers to have less of a case load.	
Nothing, I'm pretty satisfied.	
All the services I have received were excellent and well managed by the caregivers.	
Everything is good, creditable and nice people.	
More doctors and assistant like the ones that treat and are great to me when I arrive for my appointments.	
Reduce the waiting time for services. Better reading materials. Providing food for clients waiting extended periods. Improve the wait time for transportation. Only see doctor once a month, unless you have an emergency.	
I think everything is excellent.	
Not a thing.	
Baltimore County Health Department	
Marva is great, no change needed.	
I would like to be able to get a blood drawn as opposed to having to go to another location.	
Most of the resources are great, it's being aware of the resources.	
I can't think of anything different I'd like to see. I can say that these years of my living with AIDS is truly pretty good because of the services I have been able to receive. Having my family throw me I have family or friends and my case manager here.	
I am pleased with the staff and the services are great. The nurse is very attentive and the doctors are nice. Keep up the good work.	
There is always room for improvement; however I don't see a need right now.	
Nothing.	
More job placement for people with HIV/AIDS.	
More outreach to bring about more awareness.	
Everything is fine.	
Just more staff members like Mike Bratton, Michelle Low and the rest of the staff. Please let me thank you for all the wonderful help, love and support that this program along with staff has provided for me and many others God Bless you all you guys are everything is fine.	
Not much.	
Just more help with things.	
Harford County Health Department	
More emergency financial assistance based on individual's circumstances and needs, not a certain amount but what is needed providing the reason is justifiable.	
The staff is the most beautiful people you could ask for, in terms of what people such as	

myself are going through.
Teen support groups.
More nurses who know how to draw blood.
Keep it just like it is.
I would love to see some changes in helping people that really need help.
Nothing should change.
For this agency to assist me with my problem a little more than what they are now doing.
Howard County Health Department
Nothing! If I need something and I call, I get it.
I'm really comfortable here. Everyone at Howard County Health Department is terrific.
Nothing, they are great.
Just maybe more help for people; their families dealing with homelessness.
Nothing, what they are doing works this agency gives me more than what is on the list. I can't think of anything they haven't already done.
No one to have AIDS and to have a cure.
Nothing at all.
None.
No complaints
Everything here is just fine; staff is very concern and they show lots of love and they care about you. I just love them.
Queens Anne's County Health Department
None
Help is there if you need it.
All good.
More loving people like my case manager.
Nothing.
Carroll County Health Department
I was not aware of the HIV/AIDS Resources listed above.
No Response
Nothing, Excellent service.
Stay the same.
I would like to be able to have Gynecology doctor at the same time.
Counselors with HIV Tracking and educate new infected customers.
Everything is great here; they just need dental again here and eye care if people can't afford it.
Not anything!! They are all great. I love them all dearly.
Someone to help people with HIV/AIDS to get financial help.
Can't think of any changes first- rate operation.
Currently this agency is working very well for me and other clients I have talked with. However I'm sure they could always use a larger budget. But at the very least NO cut in budget.
Carroll County Health Department has continued to provide above average care in every aspect of their commitment to quality and excellence. I didn't know if there is anything they could improve upon.

HIV/AIDS Volunteer Enrichment Network
I like it the way it is.
More time for activities for clients.
Not a thing.
Jerry L. Fleming.
Pretty much satisfied.
More resources for AIDS victims. Less fear and stigma all over USA/WORLD.
AIDS Interfaith Residential Services, Inc.
Keep it the same, this agency provides excellent service.
Mr. Jonathan palmer provides great services.
Ok to me.
Smokers and non- smokers put in different apartment buildings.
I would like to some extended help with housing once a client has reached their five-year contract.
Chase Brexton Health Services
Services for individuals with Hepatitis C. Dental services and eye examinations are needed too.
The TV returned for the pleasure of the clients.
Better staff.
A small cafeteria.
Not a thing.
Stay the same.
Open earlier hours.
No comments.
Help people to get housing, more groups on cocaine, heroin. It's needed.
A parking lot for patients.
Nothing.
More people helped with housing and SSI issues.
More time with the doctor.
A pharmacy that is not so slow.
More staff to relieve the patient load on the existing staff. They do a consistently terrific job. In my case I can say this in reference to 10 years of assorted programs and treatments. This is truly an institution that gives back to the community.
The front desk clerks more informative and more professional.
More stability with physician's turnover and case manager staff. I have had four doctors and about six case managers since being seen here.
This agency has served me in every area imaginable. They are model that every clinic should strive to emulate.
For it to bigger that way it could help more people.
Nothing, I'm very please with the help I've receive and receiving.
I like to see Chase Brexton provide housing support/housing services for individuals with HIV/AIDS. I'd also like to see this agency expand in areas of work training programs and or employment opportunities for individuals with HIV/AIDS.

Nothing.
More room.
Johns Hopkins Bay-view Medical Center
No comments received.
Health Education Resource Organization
The promptness of services is not what it uses to be. In some cases, you need something done quickly and it takes forever to get done.
That every person is equal and that we all are Gods children. Some staff persons act like they just don't care. It is hard to get bus tokens.
Staff persons who are more open and real in their dealings with clients.
Additional funding to support increase staff. Caseload is heavy and existing staff does an excellent job. Establishing a temporary housing facility managed by clients served by this agency. This would build client confidents and teach responsibility.
More Funds.
When services are needed one must go through too much red tape, for example, I must separate intake for each service requested. I came into the drop in center and also wanted housing.
Better Staffing.
I would like to see better resources for the homeless to obtain housing. I would also like more counseling done at the center for clients who have dual diagnosis such as substance abuse and mental illness.
More personalized attention from my case manager. To devote five minutes a day to my particular case for my benefit.
Dental Services.
Teaching people health care and hygiene.
Sticking to their guns when placing people. Meaning if there is no pets or smoking in an apartment building, those who fit that criteria should be the only ones put their because no one will have smoking visitors in that building if they don't smoke that.
More space for meetings.
More Client Advocate.
Case manager to know what more and help for client, staff and attorney work together.
More NA groups each week and more activity like drug counselor.
I'm a very easygoing person and I'm patient enough to go along with the flow.
Better housing for people who has a criminal background.
A little more Security! To those who don't know what services are due them!
I would like to see people get more help with housing and more help with food.
A work-study program for clients looking for employment and possibly sends people on interviews.
Case manager stop acting like you don't make mistakes! Because we are all human.
I would like to see this agency run it non- transitional house for men and women who need the services. I would like to see the clients more active in the community and in fund raising.
Not a thing.
A job placement.
More food vouchers.

Nothing. The services and employees are exceptionally nice and well educated about HIV.
Nothing.
Job training programs.
Show more love to each other more concern for each other. Start a support group where we will be able to check on each if we miss seeing each other. I think we should not be sitting around talking about how we got high last week.
Not a thing.
I would like to see more funds for AIDS awareness and I would like to see clients paid to tell people about HIV prevention and How to talk to clients about the importance on taking medicine. We also need a task force to call clients when we don't see some.
I have been expressing to the staff here that getting haircut are a part of proper hygiene and I am currently trying to get this implemented as a stipend position.
Thank You.
I am fine with the agency.
When comes to housing, I would like to be able to get help with anything that have to do with housing, such as BG&E, phone, being to get services to pay a bill whether I am in a apartment or not. Certain things come up, and things happen.
For me and everyone to get housing.
They need to get some type of child care for the clients that come down for a group and they don't have anybody to watch there kids and for the stipend worker that can't afford to pay a day care provider but they need somebody to watch them.
More direct financial aid to non-working clients through a community based. Stipend support services to the aids community for all non- working clients.
More Client Advocates.
Pay closer attention to the quality and services rendered to clients.
A larger TV and DVD player for clients.
What they are doing now they can keep doing.
Nothing.
Case management to stop discussing other client's personal business.
Open on Sundays.
More Programs.
To better with the meals.
Housing disable.
No Changes.
Better Management.
Nothing at this time.
More support groups.
I would like to see more clients involved with the decision/rule making of the center.
Good and honest help and concern for clients.
No nothing.
More activities and bus trips.
I would like for all stipend workers to be paid more especially if we do doubles which is eight hours a day.
Nothing.
Not sure.
More emergency assistance with bills, eviction, etc.
People doing some work.

I would like to see concerned individuals working here. Most people that work here they come to work just to come to work. They have attitudes and some are non-caring and non helpful.
Good nothing.
They do a fine job.
I would like to see more of us to get better and to get more help.
Need more case manager, need people like client helping the client who understand the other clients.
They are cool.
A pool table put in and a baseball team.
I really can't say at this time.
Nothing and you got to love it.
Would like to have a new case manager and like to have a weekend in this place. Lower the price of medication.
More money for education.
More money for out doors trips.
More funds available for clients.
Keep improving the quality of care services.
Nothing.
Less force to groups.
More workers concerns for clients needs.
Mailing list of activities.
Nothing.
Agency is very efficient.
Johns Hopkins University- Moore Clinic
They take too long, they say your appointment is supposed to be at 10.00 and you do not get in there till 11 or 12.
Nothing I am happy.
Nothing it can stay the same.
More patient privacy.
Nothing, we are fortunate to have them here.
Needs a larger space.
Grace period. Changed from 15 minutes late to 30 minutes late before the appointment is cancelled.
Everything is ok. As far as I am concerned.
More doctors.
Nothing.
Take HIV off the office doors other patients in the hospital can see where you're going and assume you HIV Status.
I'm satisfied as it is.
I would like to see bus pass (weekly or monthly) giving out to all of the people.
Target facilities to accommodate all.
Testing/explorative services/care services in one location.
A bigger and better waiting area. It is too depressing to see people looking really sick.
It is okay the way it is so far.
Don't know.

A video television system.
Food vouchers.
Not to have to wait so long to see your physician.
Nothing. It's all right to me.
Bigger space.
When you're told to be here at a certain time should be seen on that time.
Nothing at this time.
More doctors and help.
A bigger clinic.
Me!
Vending machines in the waiting room.
I'd like to see more patient care in the clinic, more snacks and a TV.
Less waiting time, better parking and better seating.
I like it.
Check in and check out wait times to be decreased.
Faster check in and out services. Waiting time is usually too long. More staff would make a big difference.
None.
Case management, housing services.
Nothing.
Put music in Moore clinic and or TV.
Larger facility to accommodate patients comfortably.
See staff get more money.
Someone to tell about more benefits/program concerning HIV/AIDS.
More prompt, on time.
Nothing at this time.
More money.
Get appointments right.
Nothing, other than that they continue to exist and continue to help those that cannot help themselves.
Nothing.
Hard worker, more learning, high power GOD!!!
Worker to keep a good attitude always.
More often the appointments are too far apart.
More programs such as drug use and treatment.
Nothing right now.
Shorter waiting time to see the doctor.
Not to wait such a long time to be seen by Physician or Psychiatrist.
Bigger agency.
An AIDS hotline telephone line and drug addiction/HIV telephone number.
More positive attitude throughout the clinic.
More space.
I think the people here are very friendly and nice. They treat me like a normal person and not one with HIV.
Housing and energy assistance.
The system for calling patients seems to violate privacy. Perhaps a color system or number

system. The wait is always long even for follow up or routine appointments.
Check in and out process is cumbersome and inefficient.
Less waiting time a clinic for working people.
Time and red tape.
Less wait time to see doctor.
Offer more benefits and options, more funded money free prescription plan.
Less waiting to see my doctor.
Shorter wait time.
First come first served.
Longer waiting time.
The nurse Kelly is cold and uncaring but everyone else is so kind that it makes it a pleasure to visit the agency.
Light snacks and beverages while you wait.
Television in the waiting area.
Keep up the good work.
I would like to see wait time period.
More with my provider per visit.
To provide all services in one location to reduce wait time.
I would like to get all dental work done here. All at one place.
More help for people with housing.
I would like to get all my dental work done here. All at one place.
Someone to inform you of available services.
More doctors who are not just passing through to their next jobs somewhere else.
A larger waiting area.
Better scheduling and less waiting for seeing whoever when your appointment is 1.00pm and you aren't seen until 1 hour or more.
More experience doctors.
Direct emergency services, I need a bed.
Mondays are a madhouse transfer Poych to any other day.
Heather has made a difference in the efficiency of the outer office by moving blood work.
But the ladies out front Blanche=Gloria (esp.) need a morale boost, Bonus, Buffet anything!!!
Move mad help.
No!!!
Nothing, everything is all right.
The pharmacy here was unable to provide me with a prescription that my doctor prescribed for me. The prescription was Regland.
More help for ladies up front. They are the foot soldiers to this HIV/AIDS situation. They never stop loving and giving us.
Expanded waiting area.
I would like for them to start case management.
More doctors, information, a large area. It's more people that are in need of care than we have doctors. Please spend some money for a larger area and more doctors.
Faster treatment.
All things need to be better.
Walk in when you are not feeling up to par, sometimes you just need to talk with your doctor about meds.

I would like to see more money allotted to the support of HIV programs.
Baltimore Pediatric HIV Program
Some doctors (not all) put me as a patient and others off as long as possible.
Sometimes 3-5 hours to be seen by a doctor, who is not your physician and they are not known to you or of you and your health.
There aren't any problems or concerns that I feel actually need attention.
Most things seem to be in proper order from child development to AIDS awareness to parents help awareness.
Everything is great.
It's good.
Everything is fine. I can't think of anything at the moment. My care has been always excellent. They treat me good here. Just a few of the names, Michelle Holloway, Sally Vahave, Mike Braxton, Dr Meeks, Dr. Hegarty, they have been wonderful.
It's fine.
Flexibility in hours of operation.
More initiative incentives for clients who are HIV positive and homeless e.g. bags of food, toiletries, stipends, clothing, spiritual tracts.
Food and more money given for gas bill telephone and any other help their can give.
I would like them to have some of the things that they're to have e.g. funds for transportation, food vouchers, bills, eviction prevention, help with medicines and etc.
I am a caregiver of a child.
The addition of another sites somewhere else in the city.
Bon Secours Liberty Medical Center
No comments received.
Park West Medical Center
I like it just the way it is.
The agency runs out of vouchers, bus tokens and different policies on bus tokens.
Nothing.
I would like to see an inpatient treatment program for people that are on drugs who have HIV/AIDS.
A mental health provider that really addresses all client issues relating to mental health.
Two groups on Fridays instead of one group.
Nothing at this time.
Do not change anything.
More help with housing.
Support group.
Food Pantry.
Nothing.
More people to join.
More funding for food.
More support groups.
Food pantry.
More groups concerning only women and their issues. A female addiction counselor.
I would like to see more bus passes for clients. More access to housing at this time.

Nothing at this time.
GBMC Community Health Center
More effect to help people without a permanent place to stay.
I would like to see more programs like this one.
Funding for emergencies (rent, food etc.), transportation especially for the outreach center, special services for health issues not covered by HMO in this state e.g. hearing aids etc, case management at this agency.
It's not the agency that's different. It's us the clients that need to change to make it different.
To improve service to see a doctor.
For it to continue because it's a great help.
None.
Everything so far has been ok.
No.
Transportation to deliver boost to my residence.
Project PLASE
A class that could teach us about CPR/First Aid.
Food could be little better.
The food Improvement.
Nothing because everything is fine to me.
Better food.
That everyone that lives here go out and spend day to the harbor, NA meeting, skating, movies, park, long walk around city etc.
Waiting period is too long. It needs to be cut back. More case managers or how to get one or more resources. (Q18)
Time it takes to see a doctor.
More people taking better care of themselves and being safe.
South Baltimore Family Health Center
More emergency assistance for clients.
Emergency assistance programs or services.
I would like to see services for eye care available.
More people to come in the agency and talk about HIV/AIDS.
Would like to have dental services.
Need HIV dental services.
Would like to see a shorter wait time for medications.
More HIV benefits.
Need dental services.
Would like to have more doctors and nurses on staff.
Everything is great, I like where I am.
Would like to see this agency receive many more funds because it is indeed a great help to our community.
More programs on HIV, and more support groups are needed.

Sisters Together and Reaching, Inc.
More client education through videotape viewing in the waiting room of HIV tapes.
Well nothing I see. They are very helpful at all times.
Well nothing I see. They are very helpful at all times.
Be consistent for needs.
More meetings and support groups.
Remember this is a service industry and the clients are to be respected as adults and not as needy children. Do not talk down to the clients.
It's all good.
So far I have no needs that haven't been met. I've only been aware of services from April 2002 to present May 2003 as my needs present
Itself, I've been assisted. No complaints.
I am very satisfied.
May be at sometime they may need more help. Other than that it's all good.
I am very satisfied with the staff and services. However I would personally like to be placed in a stable living environment. Otherwise everything is excellent as far as information, support and being able to feel comfortable.
More money for food.
Nothing.
Nothing this agency has everything a person needs. So keep doing what are you doing.
To help with cable bill. Have more money for monthly bus passes.
I was told I could receive a monthly bus pass. I call every month they are never here.
Nothing.
Using time for helping people to get their problems with need of help without star accurate with procedures.
Nothing.
Keep the case manager here.
Everything is fine just the way it is. God bless you all.
Service first, survey last.
It's fine.
Nothing.
I am happy the way the agency is run.
More money so they can help us all.
At this time I'm comfortable if I need any questions I can get the answer.
Not a thing.
Don't change anything.
Nothing this is the best place besides HERO. You feel like you're not just another case. They remember you and are nice to you and your kids. Thanks to Ryan White funding and I thank GOD for the HOPWA program.
More people coming.
Everything has been well.
None.
Clothing and food and more people.
All prescription again, thanks for all your support.
More money.
Get more money in to help with bill.
Good.

So far so good.
I'll get back at you.
Transportation.
To keep transportation going on.
I would like to know more about all.
Total Health Care
To be made aware of CD4 and viral load counts after each office visit.
To decrease the wait time for office visits.
Nothing so far everything is great.
Remain as is. The service has been great and most helpful.
More contributing funds.
Just to continue to treat and respect us as people.
Nothing at this point.
At this time everything is okay.
Nothing.
This is my first time.
More food vouchers, more housing assistance or referrals.
More funding.
Please bring bus passes back.
More activities for support groups, more education via videotapes.
More money for rent and bills.
Nothing at all because at this program the staff takes care of all people that come to this program and help people.
To help clients with HIV for affordable housing and job assistance.
Job training or placement for those who can work monthly passes and food vouchers, furniture and clothing vouchers.
We need new chairs in waiting area.
Fan or air conditioner for the kids.
For the doctors to come in before 10 am.
The time I have spent waiting for the doctor.
A group meeting for people with AIDS to discuss and get together on this issue.
When I came to this agency I can say that everyone treats me very well and take good care of me. Hope this service will continue. Excellent teamwork.
Everything is excellent I wouldn't like to change a thing.
Not anything, everything is wonderful.
I am satisfied with the agency.
Not a thing.
The time I wait.
Nothing.
Myself with a cleaning job.
Not to have an agency like this in the world.
One of the staff at the very front of the office has an attitude problem.
More docs, social workers and HIV treatment.
I would like to see a support group developed.

University of Maryland- Evelyn Jordon Center
Not one thing.
Appointments times happen when they are actual scheduled, if its at 9am you are seen at 9 am not 11.30 am etc.
No changes for me.
The doctors stay here at this agency not leave, especially Dr. Jane Exner.
I would like to see change at this agency, be able to see your doctor more especially if you have an emergency.
Thank you.
Things are al-right here. I don't see anything that needs to be changed.
Nothing different.
Waited time to see doctors.
I need to be told about AIDS/HIV resource guides. Housing for single person on a fixed income.
Quicker service when you have an appointment.
This agency is doing fine.
Snack Bar.
Less time in waiting area to see the doctor.
I see a lot of things every time I come here, they make me feel welcome that makes me feel I have so many years to live on and I have a great doctor by my side who encourage me and always make sure that I have prescription filled all the time. His name is D.
Basically everything is okay and I am satisfied.
Extension of clinic hours for people who work. Evening hours up to 8 pm. A pharmacy on site, a special day for women and children and no eating and drinking onsite.
Since being diagnosed in 1989 I've been affiliated with this agency and therefore don't know of any differences or changes that could be made to enhance the quality of care being provided to me. Therefore I'd keep everything the same.
I am pretty pleased with the services that I receive here.
I would like my doctor have less patients because she spend a lot of time assuring our understanding.
Water machines in the waiting area.
None.
Just keep doing what you do.
I can't think of anything at this time.
Nothing.
I guess the staff is doing the best they can to help the clients.
I think that the care is excellent and the quality of the worker is excellent. I would not change agencies for nothing in the world.
I would like to see more flexibility in the hours of operation.
The waiting time.
May be the waiting time but services in which I receive the waiting time is worth it. So no complaints.
To whom it may concern this agency has done an excellent job to take care of my needs. I'm very much satisfied with the overall staff and with the resources and all other dealing with HIV.
Nothing at all it is a very quick agency.
Easier to get referrals when you use Ryan White.

Regular television.
See patient at schedule appointment.
Home visits.
More lunch resource so people can get to know on another.
I would like the way things are.
Not a thing really but I think you should put in some phones for people to use that reach outside of this place.
I just want some help getting my life back together.
I can't think of anything right now but if I do I'll get back to you.
More information about studies for people who are HIV+.
A location that is not downtown.
I believe that GOD is already working in every employee here at EJC.
More health programs.
You don't need to change a thing.
Help me for section 8 or assistance for rent.
University of Maryland- PACE
Nothing at all.
I can't think of anything at this point.
I wish that there could be an evening or weekend clinic for working people. Maybe two evenings and every other weekend.
The children that attend this clinic are not the average children. Some visits may take longer due to their condition.
It's ok.
AIDS Action of Baltimore
The time period of not knowing if the request is approved or denied. The waiting period shorter.
Nothing.
Everyone is polite and helpful. The only thing would be cutting down on the time I spend here for my appointment.
Nothing. This agency helped me fulfill goals that I have been struggling with to keep my family together. This agency has made me feel comfortable to talk about the issues that my children and I have. If anything it would be nice to have more funds.
Nothing
At this time I don't say.
Women Accepting Responsibility
Food for client.
Shelter plus and transportation for clients to appointments.
This agency was very nice to me and helps me in many ways.
A clinic and social worker.
The staff is excellent at WAR. I really feel comfortable with my counselor and the prevention case manager.
Emergency money for help with bills and a bigger shower.

Family and Children's Services of Central Maryland
No comments.
More things for children.
Nothing that I can think of so far everything is very good.
I like to see more men in program.
I would like more wide spread information concerning AIDS. Also I would like to receive better medicine if possible. Also if anyway possible o be enrolled in counseling classes to discuss AIDS and virus.
I like this agency.
Need more info about agency.
Anything that would make it better for the patients.
I really have nothing that I want different.
To help people with HIV/AIDS.
More support groups.
People that have AID to help each other.
Nothing.
More people get test and seek treatment for their health so they can live a better life with HIV/AIDS. I realize it is a lot of help out here for people with HIV/AIDS. I'm doing so great and I feel whole lot better about myself. Thanks goes out to G.
I can't think of a thing.
Very thing is just excellent.
Help with nutritional diet. Such as education on diet supplements (boost, ensure)
Nothing at all.
More family counseling marriage, parenting, spousal, stress management is needed, psycho-medical coupling of treatments.
I would like to see more houses for people that have HIV.
Satisfied.
Nothing at this time.
More men taking interest in this program and the things it has to offer.
Stella Maris Hospice
I would like to commend that staff at this agency. This transition has been as pleasant and comfortable as it possibly could be given the circumstances. I cannot think of anything I would like to see different. The staff s friendly ad professional
I'm really comfortable here. Everyone at Howard County Health Dept is terrific.
Johns Hopkins University- Gynecology & Obstetrics
Waiting for appointments.
Change procedures for check in. Department need to be separated. Waiting time for appointments too long.
Staff wonderful.
I am very pleased because they do meet all of my needs
Less waiting time, like to see the doctor sooner when scheduled appointment time I am seen an hour later after my appointment.
Just keep up the good work.
Registration and waiting time.
It's fine.

Closer appointment.
It takes over a month to get an appointment to be seen.
Waiting area to be warmer.
Maybe to get to see our doctor faster instead of a waiting a long time to see them.
You all are good people.
Maryland Community Kitchen
Communication from someone at this agency.
The driver is caring and very respectful and keeps me smiling no matter how I feel.
More meat.
A few staples from time to time like sugar and flour.
The food. I would also like Ensure; it helps me when I can't eat food.
Food not as good as it once was. Stop putting bread with wet foods. Condition sucks where the real chicken and pork is.
More funds for transportation and food services.
Need more information.
Johns Hopkins University-Pediatrics AIDS Program
I am satisfied with what the agency has to offer.
Nothing at all.
Nothing everything is just fine and staff is polite.
Being on time and having out there on time because if you have something to do.
I would not like to see anything different in this agency. I love this agency, it's really good and I love coming here.
I am very satisfied.
Nothing it's good.
More confidentiality, less prejudice.
Things at the moment are going so well with this agency. I would leave it like it is excellent.
Everything is fine.
More pleasant people working in the agency. I'm saying that there are no pleasant ones already.
I would like them to help more people with transportation.
Nothing
Nothing, everything all the doctors are great.
Not as many visits.
Keep the good work.
More food for visits.
With the overall services received including self-awareness of HIV/AIDS, support groups, trips for kids, educational therapy for the kids, big brother and big sister groups, I have no overall concerns. Her medical status in great hands.
Nothing its okay.
Things are nice at this time.
Johns Hopkins University- Women's HIV Program
To learn more about disease and when do I start taking meds.
Bike lock up outside.
More services for HIV patients in my classes at 911.

Decrease wait time.
Health Care for the Homeless
Need more medical staff.
More docs.
More slots for medical attention/structure also a study group, one on one counseling for transgender persons.
Around the clock service.
I would like to have more social worker staff so people would have more or quicker time.
More room and able to provide more services for addicts.
Waiting time.
Shorter waiting periods for service or to be seen.
More staff.
Better situation with the lobby and outside with giving out the number ticket.
To see a doctor faster and stop waiting for a long period of time.
Not having to line up outside when the weather is bad.
Wait time.
Less waiting time.
New security officers that know how to talk to people.
Provide more services with drug addiction.
Baltimore City Health Department-STD Clinics
More people with HIV/aids working in this field.
Currently I have no complaints concerning my primary care treatments I'm satisfied with the services, which are provided through this agency. Basically I wouldn't care to see anything different.
More Outreach.
More group activities, more food services and more opportunity for jobs.
Nothing they are some great people.
A waiting area that you can hear and see TV set and drinking water that can be accessed.
More of the same.
Patient advocate with a more private office in the back.
As far as I'm concerned, everything is excellent.
Thank you.
I feel very comfortable here. I am not sure that I would change. Maybe the bathrooms.
Patients need a water fountain.
Need a new TV in the waiting room so that we can hear it.
I feel my case manager is exceptional.
To see if someone else could help me if my doctor is out on vacation or other.
People who answer the phone not be so abrupt.
More privacy in waiting, I think HIV/AIDS patients should wait in the back away from public viewing.
Shorter waiting period on appointment time for exam. 11 am appointment should be seen between 11.30-11.45 for my opinion.
Sometime I got to wait 15-20 minutes with an appointment but I do understand sometime this can happen. The bathroom are not very clean and sometime you can't hear the TV at all otherwise everything is ok.

Case managers should understand pharmaceutical plans and their eligibility parameters.
Nothing everybody is nice and friendly.
Less time consuming because of the people.
Please keep it up Stacy.
More help from this community to teach those who may or may not know the importance of HIV/AIDS and other diseases.
Nothing I think I get the best care when I come in.
Nothing.
Nothing, OK.
Baltimore City Health Department- Dental
Nothing really, everything is just perfect.
Nothing its ok.
Nothing.
My dentist is kind of rough. If he could not be so rough that would be better.
Nothing.
Early morning appointments.
Nothing.
Everything is okay.
Nothing so far.
Nothing.
I'm happy with the services I have received.
Manna House, Inc.
To be open longer.
Not a thing.
Nothing.
Good Samaritan Hospital
All fine.
Closer range in area district to discuss HIV not just treatment but discussion and meetings with patients.

BALTIMORE CITY HEALTH DEPARTMENT

RYAN WHITE TITLE I OFFICE

CONSUMER SURVEY



**This publication was funded with Ryan White CARE Act Title I funds,
through the Baltimore City Health Department, Ryan White Title I Office.**

The Baltimore City Health Department is looking at the effectiveness and quality of the services it funds under Title I of the Ryan White Care Act.

The purpose of this survey is to ensure that people living with HIV/AIDS (PLWH/As) have access to and remain in the best possible healthcare and supportive services available in the Baltimore eligible metropolitan area. We are asking consumers receiving these services to provide their feedback about confidentiality as well as the overall quality of care provided at this agency.

Please complete this survey as completely and as honestly as you can. Your answers will be kept confidential. Following each statement or question, please mark the selection that best matches your answer. ***Thank you for your assistance. If you have any questions when completing this survey please do not hesitate to ask the person who gave it to you.***

1. What are the last 4 digits of your social security number? _____

2. What is your age range?

- | | |
|---|--|
| <input type="checkbox"/> Less the 2 years | <input type="checkbox"/> 25 - 44 |
| <input type="checkbox"/> 2 – 12 years | <input type="checkbox"/> 45 – 64 |
| <input type="checkbox"/> 13 - 24 | <input type="checkbox"/> 65 years or older |

3. What is your race?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: Please specify _____ |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

4. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender:
 - 1. Male to Female
 - 2. Female to Male

5. In what section of Baltimore City do you live?

- ☐ Northeast (Hamilton, Overlea, Lauraville, Belair-Edison)
- ☐ South East (Fells Point, Highlandtown, Dundalk)
- ☐ East (East Baltimore, Clifton, Patterson Park)
- ☐ West (Gwynns Falls, Edmondson Village, Ashburton, Walbrook)
- ☐ Northwest (Mount Washington, Park Heights, Pimlico)
- ☐ Southwest (Caton Avenue, Carroll Park, Washington Village)
- ☐ North (Govans, Homeland, Cedarcroft, Ednor Gardens)
- ☐ South (Fort Street, Cross Street Market, Cherry Hill, Brooklyn)

6. What is your residential ZIP Code? _____

7. Does the staff at this agency make you feel comfortable and welcome?

- ☐ Yes ☐ No

8. Have you ever over heard a staff member at this agency discuss another patient?

- ☐ Yes ☐ No

9. Do you know how to file a grievance at this agency?

- ☐ Yes ☐ No

10. How long have you been a patient at this agency?

- ☐ Less than 6 months ☐ 2-5 years
☐ 6 month to 1 year ☐ More than 5 years
☐ 1-2 years

11. What is the average time that you wait to see the doctor?

- ☐ Less than 10 minutes ☐ 30 minutes to 1 hour
☐ 10 to 30 minutes ☐ Longer than 1 hour

12. Are you able to receive all of the services or referrals you need from this agency?

- ☐ Yes
☐ No

13. Were there any services you needed and did not receive at this agency?

- ☐ Case Management
- ☐ Substance Abuse Treatment
- ☐ Housing Assistance
- ☐ Transportation
- ☐ Adult HIV Primary Medical Care
- ☐ Pediatric HIV Primary Medical Care
- ☐ Mental Health Care
- ☐ Mental Health (Children & Adolescent)
- ☐ Oral Health Services
- ☐ Home Health Services
- ☐ Hospice Care
- ☐ Client Advocacy
- ☐ Psychosocial Counseling
- ☐ Day and Respite Care
- ☐ Direct Emergency Financial Assistance
- ☐ Legal Services
- ☐ Outreach (Linkage to Care)
- ☐ Community Education
- ☐ Food Bank/Home Delivered Meals/Grocery Services
- ☐ Acupuncture
- ☐ Case Management - Adherence
- ☐ Primary Medical Care - Co Morbidity
- ☐ Buddy Companion Services

14. Has anyone at this agency ever talked to you about how to avoid spreading HIV to others and how to protect yourself from being infected again?

- ☐ Yes
- ☐ No

15. What was your last CD4 count? _____

- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ My doctor didn't tell me
- ☐ I don't remember

16. What was your last viral load? _____

- ☐ I don't know what this means
- ☐ I have never been tested
- ☐ My doctor didn't tell me
- ☐ I don't remember

17. Do you have a Case Manager?

- ☐ Yes
- ☐ No

18. What HIV/AIDS Resource Guides do you personally have or use?

- ☐ AIDS Resource Guide
- ☐ Passport to Managed Care
- ☐ First Call For Help
- ☐ I was not aware of the HIV/AIDS resources listed above

19. Overall how would you rate quality of the services you receive at this agency?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very Good
- ☐ Excellent

20. What would you like to see different at this agency?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for taking the time to complete this survey. If you have any questions regarding this survey, please call 410.396.1408 and reference the Title I Consumer Survey Project.